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## BIB DATA SHEET

CONFIRMATION NO. 2927

|   |   |   |                                  |  |                           |                                |
|---|---|---|----------------------------------|--|---------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>09/808,060  | <b>FILING or 371(c) DATE</b><br>03/14/2001<br><b>RULE</b>   | <b>CLASS</b><br>370   | <b>GROUP ART UNIT</b><br>2616    | <b>ATTORNEY DOCKET NO.</b><br>FUJA 18.463                    |                           |                                |
| <b>APPLICANTS</b><br>Noriki Kajizaki, Fukuoka, JAPAN;<br>Shigeru Suzuyama, Fukuoka, JAPAN;<br>Akira Tokunaga, Fukuoka, JAPAN;<br><b>** CONTINUING DATA *****</b> <i>N/A 82</i><br><b>** FOREIGN APPLICATIONS *****</b> <i>yes 11</i><br>JAPAN 2000-186783 (PAT. 06/21/2000)<br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>04/21/2001 |   |   |                                  |  |                           |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Verified and /STEVEN H D<br>NGUYEN/<br>Acknowledged Examiner's Signature  |   | <input checked="" type="checkbox"/> Met after Allowance<br>SN<br>Initials | <b>STATE OR COUNTRY</b><br>JAPAN | <b>SHEETS DRAWINGS</b><br>27                                 | <b>TOTAL CLAIMS</b><br>12 | <b>INDEPENDENT CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>KATTEN MUCHIN ROSENMAN LLP<br>575 MADISON AVENUE<br>NEW YORK, NY 10022-2585<br>UNITED STATES  |   |   |                                  |  |                           |                                |
| <b>TITLE</b><br>Network relay apparatus and method of combining packets   |   |   |                                  |  |                           |                                |
| <b>FILING FEE RECEIVED</b><br>710   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |   |                                  | <input type="checkbox"/> All Fees                            |                           |                                |
|   |   |   |                                  | <input type="checkbox"/> 1.16 Fees (Filing)                  |                           |                                |
|   |   |   |                                  | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |                           |                                |
|   |   |   |                                  | <input type="checkbox"/> 1.18 Fees (Issue)                   |                           |                                |
|   |   |   |                                  | <input type="checkbox"/> Other _____                         |                           |                                |
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